

ORIGINAL

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. 1983

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

IVAN H. MENDEZ

(Enter above the full name of the plaintiff in this action)

V.

DELAWARE STATE

(Enter above the full name of the defendant(s) in this action)

05 - 305

FILED

MAY 17 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?

YES ☒

NO ☐

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs ASAL OF SAN KRISTIAN VERY WELL DESCRIBED

Defendants _____

2. Court (if federal court, name the district, if state court, name the county)

3. Docket Number _____

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit AS ALL OF YOU KNOW IT ALL YEARS WELL DESCRIBED

7. Approximate date of disposition _____

II. A. Is there a prisoner grievance procedure in this institution? YES ☒ NO []

B. Did you present the facts relating to your complaint in the state prisoner Grievance procedure: YES ☒ NO []

C. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW IT ALL

2. What was the result? MORE WORST AS ALL OF THE PRISONS TOWARD MYSELF

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES ☒ NO []

F. If your answer is YES,

1. What steps did you take? AS ALL OF YOU KNOW IT ALL YEARS WELL DESCRIBED

2. What was the result? MORE WORST AS ALL OF YOU KNOW IT

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff EUDIN L. MENDOZA

Address DELAMAR CORP CENTER 1191 PADDUCK ROAD SMYRNA GA 30080

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions and place of employment of any additional defendants.)

B. Defendant _____ is employed as _____

_____ at _____

C. Additional Defendants _____

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments Or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

FOR HURT MY BROTHER AND BRACES LEGS AND FOR ALL OF THE PHYSICAL, VERBALLY,
EMOTIONALLY, PSYCHOLOGICALLY AND IN MANY OTHER WAYS ABUSES AND DISCRIMINATION
THAT I HAVE BEEN VICTIM OF WHILE I'M UNDER HIS CUSTODY.

V. Relief

(State briefly exactly what you want the courts to do for you. Make no legal arguments. Cite no cases or statutes.)

JUSTICE AND RESOLUTION FOR ME AND MY CHILDREN AFTER HAVING RECEIVED EVIDENCE OF MY INNOCENCE RIGHT AFTER MY SECOND ATTEMPT TO SUCCEED AND WHILE WORKING ON MY APPEAL, AND RESOLUTION TOO FOR ALL OF THE PHYSICAL, EMOTIONALLY, NEGATIVELY, PSYCHOLOGICALLY AND IN MANY OTHER WAYS ABUSE - THAT I HAVE BEEN VICTIM OF, AND NOW THAT ONCE AGAIN SOME OF THEM GOT CAUGHT ON THE VIDEO CAMERAS TAKE RECORDING WHERE YOU CAN SEE THEM AND HEAR EVERY SINGLE WORD,

Signed this Twelve day of MAY, 2005.

Ignacio Mendez
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

5/12/05
Date

Ignacio Mendez
(Signature of Plaintiff)

